

Summary of objections and recommendations from public comments on

Proposed regulatory addition/changes to Principal Language Spoken, Present on Admission, and File Format and Specifications

During the Public Comment period, the Office of Statewide Health Planning and Development (OSHPD) received ten comments from health industry associations, advocacy groups, software vendors, and individual health facilities. Approximately 1,627 separate reporting sites and a list of Interested Parties were directly contacted with the Notice.

Principal Language Spoken

1. Six of the comments received mentioned the definition of this data element. Most of those comments recommended that OSHPD speed the adoption of these regulations and the collection of new data. Two comments recommended expansion of the list of specific languages to be reported. They both recommended differentiating between Mandarin and Cantonese, rather than listing only Chinese.

OSHPD's response is twofold. First, this list is a subset of a national standard and was constructed to reflect the most prevalent languages for Californians as shown in several existing datasets. Second, OSHPD is providing a free text line to allow additional languages (such as Mandarin and Cantonese) to be reported. OSHPD's intention is to study the actual languages reported in all categories and be open to revising the list in the future to show the reality of patients' language needs in healthcare settings reporting to OSHPD.

2. One comment recommended that OSHPD not collect this data element. OSHPD's response is that current law (Health and Safety Code Sections 128735(g)(5), 128736 (a)(5), and 128737 (a)(5)) require the collection of Principal Language Spoken in OSHPD's patient level data programs.

3. One comment stated that the work to report principal language spoken presented a burden and that individual health facility's information systems would not allow such a change. Manual labor to report would be the new expense.

OSHPD's response is that it is reasonable to expect that governmental data collection programs will change over time – updating and revising their requirements. Large payers such as Medicare, private health insurance, and Workers' Compensation insurance organizations also change data reporting requirements. This is not an unusual or unexpected occurrence to which health facilities and their information technology agents must respond.

4. Two comments asked questions about how the principal language spoken for bilingual patients and newborns should be reported.

OSHPD's response is that any language that the patient chooses to use during the hospital stay or outpatient encounter would be a logical choice. For the example of a newborn with no language, the logical choice might be the principal language spoken of the person who is communicating with the health facility and providers on behalf of the patient (explaining symptoms, providing history, receiving medication instructions, arranging for appointments, etc.) during the hospital stay or outpatient encounter.

Present on Admission (POA)

1. Again, comments included recommendations that because the change was "warranted and overdue," OSHPD should proceed with this revision of POA and align with national standards and large payer requirements. In relation to the diagnosis codes that are logically exempt from this requirement, one objection to using a blank instead of a "1" for POA on those particular codes was voiced.

OSHPD's response is to make the important note that enabling legislation set in law (Health and Safety Code Sections 128735(f), 128736(d), and 128737(d)) the requirement that "Data reporting requirements established by the office shall be consistent with national standards, as applicable" to the patient level data reporting programs. The standard set by the International Classification of Disease – 9th Revision, Clinical Modification (ICD-9-CM) is such an applicable standard and currently includes the use of a blank for exempt codes.

2. Questions were posed regarding the timing of adoption and other statements were made that some large software vendors are ready now to make reporting system changes when required by OSHPD.

OSHPD's response is to relate the dates of the discharges and encounters that will be covered by these regulation changes and to point the commenter to the due dates for the first reports that must conform to these requirements.

File Format and Specifications

Similar comments were received saying that these changes are necessary, represent no burden, and OSHPD is to be commended for moving forward. Comments were also made that various entities and their software vendors were prepared to make these changes to their information technology. There were questions regarding timing of adoption, effectiveness, and due dates.

OSHPD's response is to relate the dates of the discharges and encounters that will be covered by these regulation changes and to direct the commenter to the due dates for the first reports that must conform to these requirements. **The due date for Ambulatory Surgery and Emergency Department data is May 15, 2009. The due date for Inpatient data is September 30, 2009.**